| Under the Peperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a veild OMB control number | | | | | | | | | | | | | |
|--|---|--|--------------|---------|---------------------------------------|---------------|------------------|----------|--------------------|------------------------|--|--------------------|---------------------------|
| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 | | | | | | | | | | | Application or Docket Humber 10/688, 439 | | |
| CLAIMS AS FILED - PART I OTHER THAN | | | | | | | | | | | | | |
| (Column 1) (Column 2) | | | | | | | . | SMALL | ENTITY | OR | | | |
| Ω.4 | COR SIC FEE | | NUMBERFILED | | | NUMBER EXTINA | | | RATE | <u> </u> | | RATE | fee |
| (37 CFR 1.10(a)) | | | <u> </u> | | | | | | | 1 | OR | | 1 |
| 137 CFR 1.10(c)) | | | minus 20 « | | | | | | k 1 | | OII | x 1 | |
| COLOUR TOTAL CONTRACTOR OF THE COLOUR | | | nilnus) r | | | | | | x 1 | | : OK | x 1, | |
| MULTIPLE DEPCHOENT CLAIMPRESCRIT D7 CFR 1 16(d)) | | | | | | | | | 11 | · · | OR | 41 | |
| " If the difference in column 1 is less than zero, onter "0" in column 2 | | | | | | | | = | JATÓI | | OIL | 1014 | |
| CLAIMS AS AMENDED - PART II | | | | | | | | | | | | | |
| | ///2/05 (Column 1) (Column 2) (Column 3) | | | | | | _ | SMALL (| ENTITY | OR | OTHER THAN SMALL ENTITY | | |
| AMENDMENT A | | CLAI REMAI AFTI AMEND | NING ER | | HIGHE HUMB PREVIO PAID F | ER USLY | PRESENT | | ብላዝ ት | ADDI- TIONAL FEE | | RATE | ADDI TIONAL FEE |
| | for Compression | 2 | 4 | Minus | 4 | 3 | · | | 1,25 | | OR | x,50 | |
| | (1) CIR I IGUII | | | Minus | | 7 | · | | x 1 100 · | | 20 | ., 200 | |
| | FIRST PRESCRIATION OF MULTIPLE DEPENDENT CLAIM (37 CFR + 16(d)) | | | | | | | | +1 - | | OR | 4 5 = | |
| | | | | | | | | | TOTAL ADD'L FEE | | Oll | TOTAL ADD'L FEL | |
| | • | (Column | 1) | | (Colum | nn 2) | (Column 3) | | | | | · | |
| AMENOMENT B | | CLAIII REMAIII AFTE AMEHDII | R III | | HIGHE KUKBI PREVIOL PAID E | ER JSLY | PRESENT EXTRA | | RATE | ADDI. TIONAL FEE | | RATC | ADDI FIONA; FEE |
| | total (ii) | | | Minus | | | = | | × \$: | | OR | . s: | |
| | Independent 132 CFR + 16/01: | ' | | Kinus | ••• | | : | | · 5 : | : | Ot: | >. \$ = | |
| \delta | THEST PRESENTATION OF WHICHMIT DEPENDENT QUAIN (3) CERT TEGET | | | | | | | | 1 \$ = | | Ot- | • ; | |
| | | | | | | • | | | OTAL ADD'L FEE | | OF. | TOTAL ADD L FEL | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | | | | | |
| NUMENTO | | MAJO REMAIRS ALTE MUTHINGHA | RG Etcl - | | HIGHES BRUNS PAID FO PAID FO | R SU | TRESCRI STARA | | RATE | ADDI: FORAL FEE | | RATE | 10001 1100141 166 - |
| <u> </u> | letar or ers cons | | | titings | •• | | : | <u> </u> | s= | | OA . | a. \$= | |
| П | ומלרבית: או מו (וביונטון | • | | Minus | ••• | | = | X | 1= | | CIE | k \$ = | |
| Σ - | FIRST PRESENTA | אבן המפצפווז אז שוי וורוב ספרפאספווז שאני (35 כרת ו זפוס)) | | | | | | | | | Oit | 1) : | |

. If the entry in column 1 is less than the entry in column 2, write $\langle 0 \rangle$ in column 3 \langle

"If the Highest Number Cremously Paid For III THIS SPACE is less than 70, enter 20"

"" If the "Highest Number Presionally Paid For the THIS SCACE is less than 3, enter "3"

The Historial Number President Paid For A stat or Independently's the highest number found in the appropriate ties in column t

The colors or of information is not a red by 22 CFs. 1.16. The information is required to obtain or retain a benefit to the matter which is hille (and by the EFCTO) is process) an application. Confidentially of premied by 35 U.S. C. 122 and 37 CFR 1.14. This collection is estimated in take 17 ministry in complete, including pathering, prehamp, and submitting the completed application from USPTO. Time will vary depending invention improved the improved the complete this form and/or suggestions for reducing this burden, should be sent to the Chief telepholation Chicago U.S. Patent and Trademan Office, U.S. Department of Commerce, E.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FOR OR CHIPLETED FORMS TO THIS ADDRESS. SEND TO: Commissional for Patents, P.O.-Box 1450, Alexandria, VA 22313-1450.

Hyper meno assistance in completing the form, call 1,800-P10-9189 and select option 2.